PTO/SB/80 (01-06)
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement unde 37 CFR 3.73(b).							
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Country							
Telephone			Email				
<u> </u>	l						
Assignee Name and Address:							
AviaraDx, Inc. (formerly Arcturus Bioscience, Inc. and now bioTheranostics, Inc.)							
11025 Roselle Street, Suite 200							
San Diego, CA 92121							
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the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record							
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature XX Z Z Z					Date 12/3	108	
Name	- /- /-	Mark Erlander			Telephone 858-	587-5870	
Title	01.101.17.00						
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Assignee Name and Address:

AviaraDx, Inc. (formerly Arcturus Bioscience, Inc. and now bioTheranostics, Inc.)

11025 Roselle Street, Suite 200

San Diego, CA 92121

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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Date Signature Telephone 85% Mark Erlander Name Chief Scientific Officer

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